



Screening & Submittal
Checklist

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Applicant Services Center:
700 Fifth Avenue, Suite 2000
P. O. Box 34019
Seattle, WA 98124-4019
Phone: (206) 684-8850

TO BE COMPLETED BY THE APPLICANT (Please Print)

Project Number: _____ MT Number _____ Date: _____

Project/Site Address: _____

Applicant Name: _____ Phone No.: _____

Contact Name: _____ Phone No.: _____

e-mail Address: _____

☐ **SMC 23.28** Lot Boundary Adjustment ☐ **CAM 213B** Application Requirements
for Lot Boundary Adjustments

THIS CHECKLIST HAS BEEN PROVIDED TO ASSIST THE APPLICANT IN PREPARING A COMPLETE APPLICATION. COMPLETE APPLICATIONS CAN BE PROCESSED AND REVIEWED MORE EFFICIENTLY. PLEASE READ AND SIGN THE STATEMENT BELOW.

I verify that I am submitting all of the required submittal materials and I acknowledge that failure to submit or meet all of these requirements will jeopardize my ability to use the "Drop-Off Submittal Process". I also acknowledge that failure to meet these requirements will result in an "Unprepared" rating against by CPA rating. Finally, I understand that a submittal not in compliance with the above will result in the project being returned to the undersigned applicant as "APPLICATION NOT COMPLETE". Fees paid with this "Drop-Off" do not ensure an application but will be applied toward the "complete application" for this project when it is accepted as either a drop-off or latter as part of an appointment.

Applicant Signature (Required): _____ Date: _____

~ PLEASE REFER TO THE STANDARDS FOR FURTHER CLARIFICATION ~

LAND USE CONSIDERATIONS:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Application meets CAM 213B	<input type="checkbox"/>	<input type="checkbox"/>	Is either existing lot less than the min.
<input type="checkbox"/>	<input type="checkbox"/>	75 – 80 calculations (if using SMC			lot area of the zone (SMC 23.44.040A)
		23.44.010B1) provide Assessor map			if yes, provide DPD legal building site
<input type="checkbox"/>	<input type="checkbox"/>	Easements such as access			letter or other documentation
<input type="checkbox"/>	<input type="checkbox"/>	Project in ECA (Does not qualify as			(23.44.010B)
		Drop-Off Submittal)			

CONSTRUCTION CONSIDERATIONS:

☐ ☐ Maintenance and emergency egress
Easements where property lines are
less than 3'0" from the face of the
structure

Req	Prov	Req	Prov
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ADDITIONAL SUBMITTALS:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Drop-Off Submittal Fee Worksheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Financial Responsibility Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Agent's Letter of Authorization from owner (Unless owner is applicant)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Scaled survey of the site(s) where property line(s) is/are proposed to be adjusted (see submittal standard sheet)

NUMBER OF SURVEYS REQUIRED AT APPLICATION:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	8 copies of survey
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* Lot Boundary Adjustment in Single Family Zones